

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Z. De Ha</i>	<i>18 50851</i>	<i>12/24/01 02-08-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	5/18/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
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21	✓
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26	✓
27	✓
28	✓
29	✓
30	✓
31	=
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	0
47	0
48	0
49	✓
50	✓

Claim	Date
Final Original	5/18/01
51	✓
52	✓
53	✓
54	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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